

<b>PHA 5-Year and Annual Plan 2010</b> <b>TN053v02 – Final</b>	<b>U.S. Department of Housing and Urban Development</b> <b>Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226</b> <b>Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>McMinnville Housing Authority</u> PHA Code: <u>TN053</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>428</u> Number of HCV units: <u>0</u>					
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
	PHA 1:				PH	HCV
	PHA 2:		<b>Not Applicable</b>			
	PHA 3:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update. <b>See below.</b>					
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b>See Attachment No. 1</b>					
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>See Attachment No. 2</b>					
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>Not required to be submitted to HUD for Qualified Public Housing Agencies per PIH Notice 2008-41.</b> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>Not Applicable.</b>					
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. <b>Not Applicable.</b>					
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable. <b>See Attached.</b>					
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>Not required to be submitted to HUD for Qualified Public Housing Agencies per PIH Notice 2008-41.</b>					
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>Not required to be submitted to HUD for Qualified Public Housing Agencies per PIH Notice 2008-41.</b>					
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <b>Not Applicable.</b>					
<b>9.0</b>	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>Not required to be submitted to HUD for Qualified Public Housing Agencies per PIH Notice 2008-41.</b>					

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>  <b>Not required to be submitted to HUD for Qualified Public Housing Agencies per PIH Notice 2008-41.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.  <b>See Section 5.2</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"  <b>Not required to be submitted to HUD for Qualified Public Housing Agencies per PIH Notice 2008-41.</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.  <b>(Attachment 3)</b></p> <p>(g) Challenged Elements <b>(Attachment 4)</b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

## **ATTACHMENT NO. 1: MISSION STATEMENT**

The mission of the McMinnville Housing Authority is to provide affordable housing for low income residents of our community. We will strive to provide safe, sanitary, and drug free housing for our residents in a stable living environment free from discrimination. We will promote the well being of our clients including: coordinating after school programs, educational opportunities, self-sufficiency and economic independence. We will also strive to improve our energy efficiency thereby reducing utility costs.

## ATTACHMENT NO. 2:

### Section 5.2 Goals and Objectives

#### **A. GOALS AND OBJECTIVES FOR THE UPCOMING 5-YEAR PLANNING PERIOD (2010 THROUGH 2014)**

1. Expand the supply of assisted living. The McMinnville Housing Authority will continue to work with local, state, and federal agencies to attempt to obtain funding to provide additional services to elderly residents during the plan period.
2. Improve the quality of assisted housing by continuing to renovate existing public housing units during the plan period.
3. Promote self-sufficiency and asset development of assisted households by providing or attracting supportive services to increase independence for the elderly and families with disabilities.

#### **B. PROGRESS IN MEETING GOALS AND OBJECTIVES DESCRIBED IN THE PREVIOUS 5-YEAR PLAN.**

1. **Goal No. 1:** Expand the supply of assisted living. The McMinnville Housing Authority will continue to work with local, state, and federal agencies to attempt to obtain funding to provide additional services to elderly residents during the plan period.

**Progress:** The McMinnville Housing Authority worked through the State Housing Authority Association to advocate for legislation and funding to provide for home and community-based Medicaid Waivers for in-home nursing care. Legislation was passed and the progress has been funded for the last 2 years. The McMinnville Housing Authority has residents who are beneficiaries of this program.

2. **Goal No. 2:** Improve the quality of assisted housing by continuing to renovate existing public housing units during the plan period

**Progress:** The McMinnville Housing Authority has continued to utilize its Capital Fund Program monies to renovate its public housing units. These improvements are outlined in the housing authority's Annual Performance and Evaluation Reports.

3. **Goal No. 3:** Promote self-sufficiency and asset development of assisted households by providing or attracting supportive services to increase independence for the elderly and families with disabilities.

**Progress:** The McMinnville Housing Authority worked through the State Housing Authority Association to advocate for legislation and funding to provide for home and community-based Medicaid Waivers for in-home nursing care. Legislation was passed and the progress has been funded for the last 2 years. The McMinnville Housing Authority has residents who are beneficiaries of this program.

### **ATTACHMENT NO. 3: RESIDENT ADVISORY BOARD AND PUBLIC HEARING COMMENTS**

The McMinnville Housing Authority staff discussed the FY 2010 Agency Plan/5-Year Plan and the detailed list of proposed FY 2010 and 5-Year capital fund improvements with the MHA Resident Advisory Board (RAB) members and other tenants present at the May 14, 2009 RAB Meeting and the June 17, 2009 formal Public Hearing. The RAB and all participants supported the proposed CFP work items.

The TN053v02 version/Amended Agency Plan was presented to the MHA Resident Advisory Board (RAB) members at a November 19, 2009 RAB Meeting. The RAB and all participants supported the proposed CFP work items. In addition, the MHA conducted a formal Public Hearing on November 19, 2009. There were no comments. The MHA Board of Commissioners approved the TN053v02 version/Amended Agency Plan at their meeting conducted on November 23, 2009.

### **ATTACHMENT NO. 4: CHALLENGED ELEMENTS**

No challenged elements.

### **ATTACHMENT NO. 5: VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY**

#### **McMINNVILLE HOUSING AUTHORITY**

**301 Hardaway St.  
McMinnville, Tennessee 37110  
931 473-3286**

#### **VIOLENCE AGAINST WOMEN ACT PHA STATEMENT**

The McMinnville Housing Authority provides or offers referrals, training and information to anyone being abused. This includes child or adult victims of domestic violence, dating violence, sexual assault or stalking.

We are a partner in the local Social Service Community Board and have referral information available for the Families in Crisis, which is our local domestic abuse program. This agency is an excellent provider of information and refuge for victims of domestic violence.

We often provide housing to victims directly from the Families in Crisis that are fleeing domestic violence and need a safe place to reside. We refer our residents to the Families in Crisis shelter, when they need enhanced safety due to domestic violence.

Our local Police Department also provides training for our residents at our Resident Activity Centers on domestic violence and self defense.

We provide the VAWA Notice to all applicants and tenants of their rights under VAWA together with the HUD 50066 form. This notice includes the Domestic Violence hotline number and web address in addition to other information.

We have amended our lease to include additional language that clearly specifies our right to bifurcate the lease to evict the perpetrator while protecting the victims from domestic violence.

**MCMINNVILLE HOUSING AUTHORITY**  
**301 Hardaway St.**  
**McMinnville, Tennessee 37110**  
**931 473-3286**

**VIOLENCE AGAINST WOMEN ACT**  
**PHA POLICY**

**BACKGROUND**

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) provides protection for tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on such acts of violence against them.

In general, the law provides, in part, that criminal activity directly relating to domestic violence, dating violence or stalking, engaged in by a member of a tenant's household, or any guest or other persons under the tenant's control, shall not be cause for termination of assistance, tenancy or occupancy rights of the tenant or immediate family member if the tenant's family is the victim or threatened victim of the abuse. The law provides that an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence, and will not be "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

Furthermore, the law allows a PHA to "bifurcate" a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.

The VAWA also allows PHAs to request an individual to certify that the individual is a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification within 14 business days after the individual receives a request for such a certification from the PHA.

## DEFINITIONS

The following definitions were incorporated into the United States Housing Act and apply to this policy:

**Domestic Violence:** Includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with, or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

**Dating Violence:** Violence committed by a person:

- who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- where the existence of such a relationship shall be determined based on a consideration of the following factors: 1) the length of the relationship; 2) the type of relationship, and 3) the frequency of interaction between the persons involved in the relationship.

**Stalking:** To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to 1) that person; 2) a member of the immediate family of that person, or 3) the spouse or intimate partner of that person.

**Immediate Family Member:** A spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or any other person living in the household of that person and related to that person by blood or marriage.

## POLICY

The following policy amends the *Admissions and Occupancy Policy (ACOP)* and the Apartment Lease by reference. Appropriate language has been added to the ACOP and Apartment lease.

A copy of this policy is available at the main office of the housing authority. A copy will be made available on request.

### Admissions and Occupancy and Termination of Assistance

Being a victim of domestic violence, dating violence, or stalking, will not be considered by the McMinnville Housing Authority (MHA) to be a basis for denial of assistance, or admission to public housing if the application otherwise qualifies for assistance or admission.

Incidents or threats of abuse will not be construed by the MHA as serious or repeated violations of the lease or other “good cause” for termination of the assistance, tenancy, or occupancy rights of a victim of abuse.

Criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate family member of the tenant’s family is the victim or threatened victim of the abuse.

### **Rights of the McMinville Housing Authority**

The MHA may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant, and such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by federal, state and local law for the termination of leases, or assistance under HUD’s Public Housing Program.

### **Certification of Abuse and Confidentiality**

The MHA will require that an individual certify that he/she is a victim of abuse and that the incidences of abuse are bonafide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification to the PHA within 14 business days after the individual receives a request from the PHA. The individual may utilize the attached *Form HUD 50066, Certification of Domestic Violence, Dating Violence, or Stalking* to certify the abuse to the MHA. In lieu of Form HUD 50066, the individual may provide the MHA with documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the affects of the abuse, in which the professional attests (under penalty of perjury (28 U.S.C. 1746) to the professionals belief that the incident or incidents in question are bonafide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation. In cases where the individual does not submit the required certification, the PHA may terminate assistance.

### **Notification to Residents**

The PHA will provide notice to all residents and applicants of their rights under Section 6 of the United States Housing Act of 1937 as amended by the Violence Against Women Act of 2005. These rights include the residents’ right to confidentiality and the limits thereof, the availability of Form HUD 50066, and that the resident may not be evicted solely on the basis that they are a victim of domestic violence. A sample notice is included with this policy.

### **Confidentiality**

All information provided to the MHA relating to the incident(s) of domestic violence, including the fact that the individual is a victim of domestic violence, dating violence, or stalking will be retained in confidence by the MHA and will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is (a) requested or consented by the individual in writing; (b) required for use in an eviction proceeding or termination of assistance; or, (c) otherwise required by applicable law.

## ATTACHMENT NO. 6: ARRA COMPETITIVE GRANT

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> McMinnville Housing Authority 301 Hardaway Street McMinnville, TN, 37110		<b>Grant Type and Number</b> Capital Fund Program Grant No: ARRA CFRC-Category 4, Option 2 Replacement Housing Factor Grant No: N/A <b>Capital Fund Recovery Competition Grant</b> Date of CFFP: NA			<b>FFY of Grant: 2009 cfrc</b> <b>FFY of Grant Approval: 2009</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	90,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	78,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	729,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	50,000.00			
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report U.S. Department of Housing and Urban Development  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> McMinnville Housing Authority 301 Hardaway Street McMinnville, TN, 37110		<b>Grant Type and Number</b> Capital Fund Program Grant No: ARRA CFRC-Category 4, Option 2 Replacement Housing Factor Grant No: N/A      Capital Fund Recovery Competition Grant Date of CFFP: N/A		<b>FFY of Grant:2009 CFRC</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	947,000.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	824,000.00			
<b>Signature of Executive Director</b>  <b>Date 11/19/2009</b>		<b>Signature of Public Housing Director</b>  <b>Date</b>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: McMinnville Housing Authority 301 Hardaway Street McMinnville, TN, 37110		<b>Grant Type and Number</b> Capital Fund Program Grant No: ARRA CFRC-Category 4, Option 2 CFFP (Yes/ No): N/A Capital Fund Recovery Competition Grant Replacement Housing Factor Grant No: N/A			<b>Federal FFY of Grant: 2009</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
TN053000001 Hardaway Homes	Program Administration	1410	1 LS	90,000.00				
TN053000001 Hardaway Homes	Fees and Costs	1430	1 LS	63,000.00				
TN053000001 Hardaway Homes	Conduct post construction Energy Audit	1430	1 LS	7,500.00				
TN053000001 Hardaway Homes	Conduct Green Assessment	1430	1 LS	7,500.00				
TN053000001 Hardaway Homes	Add 8" of additional attic insulation	1460	63,599 SF	60,000.00				
TN053000001 Hardaway Homes	Add wall insulation to un-insulated concrete block walls including replacement of exterior doors with insulated steel doors	1460	117,696 SF	585,000.00				
TN053000001 Hardaway Homes	Install water-efficient shower heads and faucet aerators	1460	80 DU	28,000.00				
TN053000001 Hardaway Homes	Insulate hot water heater tanks	1460	80 DU	8,000.00				
TN053000001 Hardaway Homes	Replace incandescent lighting fixtures	1460	80 DU	36,000.00				
TN053000001 Hardaway Homes	Replace old toilets with water-saving toilets	1460	40 DU	12,000.00				
TN053000001	Resident Relocations	1495.1	80 EA	50,000.00				

Hardaway Homes								
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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

## Capital Fund Program, Capital Fund Program Replacement Housing Factor and

## Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

Office of Public and Indian Housing

OMB No. 2577-0226

**Expires 4/30/2011**

### Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:

McMinnville Housing Authority

301 Hardaway Street

McMinnville, TN, 37110

**Federal FFY of Grant: 2009 CFRC**

Development Number	Name/PHA-Wide Activities

All Fund Obligated  
(Quarter Ending Date)All Funds Expended  
(Quarter Ending Date)Reasons for Revised Target Dates <sup>1</sup>

Original  
Obligation End  
Date

Actual Obligation	End Date

Original Expenditure	End Date
1000000	12/31/2010
1000000	12/31/2011
1000000	12/31/2012
1000000	12/31/2013
1000000	12/31/2014
1000000	12/31/2015
1000000	12/31/2016
1000000	12/31/2017
1000000	12/31/2018
1000000	12/31/2019
1000000	12/31/2020
1000000	12/31/2021
1000000	12/31/2022
1000000	12/31/2023
1000000	12/31/2024
1000000	12/31/2025
1000000	12/31/2026
1000000	12/31/2027
1000000	12/31/2028
1000000	12/31/2029
1000000	12/31/2030
1000000	12/31/2031
1000000	12/31/2032
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1000000	12/31/2069
1000000	12/31/2070
1000000	12/31/2071
1000000	12/31/2072
1000000	12/31/2073
1000000	12/31/2074
1000000	12/31/2075
1000000	12/31/2076
1000000	12/31/2077
1000000	12/31/2078
1000000	12/31/2079
1000000	12/31/2080
1000000	12/31/2081
1000000	12/31/2082
1000000	12/31/2083
1000000	12/31/2084
1000000	12/31/2085
1000000	12/31/2086
1000000	12/31/2087
1000000	12/31/2088
1000000	12/31/2089
1000000	12/31/2090
1000000	12/31/2091
1000000	12/31/2092
1000000	12/31/2093
1000000	12/31/2094
1000000	12/31/2095
1000000	12/31/2096
1000000	12/31/2097
1000000	12/31/2098
1000000	12/31/2099
1000000	12/31/2100

Actual Expenditure End  
Date

TN053000001  
Hardaway Homes

08/31/2010
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08/31/2012
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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part I: Summary</b>					
PHA Name: <b>McMinnville Housing Authority</b>			Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350110</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2010</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: 1)</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	\$0.00			
2	1406 Operations	\$50,000.00			
3	1408 Management Improvements	\$150,000.00			
4	1410 Administration	\$75,000.00			
5	1411 Audit	\$0.00			
6	1415 Liquidated Damages	\$0.00			
7	1430 Fees and Costs	\$51,000.00			
8	1440 Site Acquisition	\$0.00			
9	1450 Site Improvement	\$30,000.00			
10	1460 Dwelling Structures	\$309,000.00			
11	1465 Dwelling Equipment—Nonexpendable	\$0.00			
12	1470 Nondwelling Structures	\$20,000.00			
13	1475 Nondwelling Equipment	\$55,000.00			
14	1485 Demolition	\$0.00			
15	1492 Moving to Work Demonstration	\$0.00			
16	1495.1 Relocation Costs	\$0.00			
17	1499 Development Activities	\$10,000.00			

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part I: Summary

PEA Name: McMinnville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P05350110 Replacement Housing Factor Grant No:		Federal FY of Grant: 2010	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18a	1501 Collateralization or Debt Service	\$0.00			
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00			
18	1502 Contingency	\$0.00			
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$750,000.00			
21	Amount of line 20 Related to LBP Activities	\$0.00			
22	Amount of line 20 Related to Section 504 compliance	\$0.00			
23	Amount of line 20 Related to Security – Soft Costs	\$0.00			
24	Amount of Line 20 Related to Security – Hard Costs	\$0.00			
25	Amount of Line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Patricia Zorhan</i>		Date 10/1/09		Signature of Public Housing Director Date	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <b>McMinnville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350110</b> CFFP (Yes/No): <b>No</b> Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>2010</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Transfer funds to operating budget	1406	1	\$50,000.00				
PHA-Wide	Management Improvements	1408	1	\$150,000.00				
TN053000001	Capital Fund Management Fee	1410	1	\$75,000.00				
TN053000001	A/E Design Services	1430	1	\$30,000.00				
TN053000001	A/E Inspection Services	1430	1	\$15,000.00				
TN053000001	Environmental Review	1430	1	\$2,000.00				
TN053000001	Hazard Testing	1430	1	\$2,000.00				
TN053000001	Update flat rent study	1430	1	\$1,000.00				
TN053000001	Utility allowance review	1430	1	\$1,000.00				
TN053000001	Clerk of the Works	1460	1	\$50,000.00				
TN053000001	Force Account Labor (and fringe benefits) for modernization activities	1460	1	\$95,000.00				
TN053000001	Maintenance Vehicle	1475	1	\$25,000.00				
TN053000001	Computer Hardware	1475	1	\$10,000.00				
TN053000001	Office/community space furnishings/equipment	1475	1	\$10,000.00				
TN053000001	Replace telephone system	1475	1	\$10,000.00				
TN053000001	Site Improvements	1450	1	\$30,000.00				
TN053000001	Building Exterior	1460	1	\$30,000.00				
TN053000001	Roofing	1460	1	\$30,000.00				
TN053000001	HVAC	1460	1	\$20,000.00				
TN053000001	Electrical Improvements	1460	1	\$20,000.00				
TN053000001	Plumbing	1460	1	\$20,000.00				
TN053000001	Kitchen Renovation	1460	1	\$20,000.00				
TN053000001	Bathroom Renovation	1460	1	\$20,000.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <b>McMinnville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350110</b> CFFP (Yes/No): <b>No</b> Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>2010</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sub>2</sub>	
<b>TN053000001</b>	<b>Finishes</b>	<b>1460</b>	<b>1</b>	<b>\$4,000.00</b>				
<b>TN053000001</b>	<b>Non-Dwelling Structures</b>	<b>1470</b>	<b>1</b>	<b>\$20,000.00</b>				
<b>TN053000001</b>	<b>Development Activities</b>	<b>1499</b>	<b>1</b>	<b>\$10,000.00</b>				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

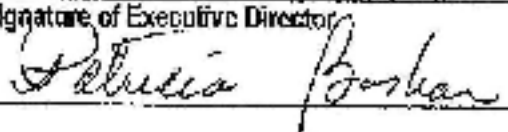
[illegible]form **HUD-50075-SA** (04/30/2003)

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part I: Summary

PHA Name: <b>McMinnville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350109</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2009</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	\$0.00	\$0.00		
2	1406 Operations	\$8,760.00	\$30,317.00		
3	1408 Management Improvements	\$137,950.00	\$137,950.00		
4	1410 Administration	\$72,500.00	\$72,500.00		
5	1411 Audit	\$0.00	\$0.00		
6	1415 Liquidated Damages	\$0.00	\$0.00		
7	1430 Fees and Costs	\$81,000.00	\$81,000.00		
8	1440 Site Acquisition	\$0.00	\$0.00		
9	1450 Site Improvement	\$0.00	\$0.00		
10	1460 Dwelling Structures	\$410,790.00	\$410,790.00		
11	1465 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00		
12	1470 Nondwelling Structures	\$0.00	\$0.00		
13	1475 Nondwelling Equipment	\$3,000.00	\$3,000.00		
14	1485 Demolition	\$0.00	\$0.00		
15	1492 Moving to Work Demonstration	\$0.00	\$0.00		
16	1495.1 Relocation Costs	\$0.00	\$0.00		
17	1499 Development Activities	\$10,000.00	\$10,000.00		

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part I: Summary</b>					
<b>PHA Name:</b> McMinnville Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05350109 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2009
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
16a	1501 Collateralization or Debt Service	\$0.00	\$0.00		
16b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00		
19	1502 Contingency	\$1,000.00	\$1,000.00		
20	Amount of Annual Grant: {sum of lines 2- 20}	\$725,000.00	\$746,557.00		
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00		
22	Amount of line 20 Related to Section 504 compliance	\$0.00	\$0.00		
23	Amount of line 20 Related to Security – Soft Costs	\$0.00	\$0.00		
24	Amount of Line 20 Related to Security – Hard Costs	\$0.00	\$0.00		
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 10/1/09		Signature of Public Housing Director  	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <b>McMinnville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350109</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2009</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE	Transfer funds to operating budget	1406	1	\$8,760.00	\$30,317.00			
PHA-WIDE	Computer software	1408	1	\$2,000.00	\$2,000.00			
PHA-WIDE	Contract with City to provide police officer patrol	1408	1	\$70,000.00	\$70,000.00			
PHA-WIDE	Pay the cost for security lighting in all developments	1408	1	\$5,000.00	\$5,000.00			
PHA-WIDE	Pay fringe benefits for DEP Staff	1408	1	\$2,500.00	\$2,500.00			
PHA-WIDE	Salary for drug program coordinator	1408	1	\$12,000.00	\$12,000.00			
PHA-WIDE	Employee benefits for Res. Coordinator	1408	1	\$17,850.00	\$17,850.00			
PHA-WIDE	Resident coordinator	1408	1	\$26,100.00	\$26,100.00			
PHA-WIDE	Travel-Resident Coordinator	1408	1	\$500.00	\$500.00			
PHA-WIDE	Telephone service for Resident Activity Ctrs	1408	1	\$2,000.00	\$2,000.00			
PHA-WIDE	Capital Fund Management Fee	1410	1	\$72,500.00	\$72,500.00			
PHA-WIDE	Agency Plan Update	1430	1	\$6,500.00	\$6,500.00			
PHA-WIDE	A/E design services	1430	1	\$30,000.00	\$30,000.00			
PHA-WIDE	A/E inspection services	1430	1	\$15,000.00	\$15,000.00			
PHA-WIDE	CFP management assistance.	1430	1	\$17,000.00	\$17,000.00			
PHA-WIDE	Environmental Review	1430	1	\$2,000.00	\$2,000.00			
PHA-WIDE	Hazard testing	1430	1	\$2,000.00	\$2,000.00			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

<b>PHA Name: McMinnville Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P05350109</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2009</b>		
<b>Development Number Name/HA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Dev. Acct No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised</b>	<b>Funds Obligated</b>	<b>Funds Expended</b>	
PHA-WIDE	Conduct an energy audit.	1430	1	\$7,000.00	\$7,000.00			
PHA-WIDE	Update flat rent study.	1430	1	\$1,000.00	\$1,000.00			
PHA-WIDE	Utility allowance review.	1430	1	\$500.00	\$500.00			
PHA-WIDE	Clerk of the Works	1460	1	\$65,430.00	\$65,430.00			
PHA-WIDE	Force Account Labor (and fringe benefits) for modernization activities.	1460	1	\$94,000.00	\$94,000.00			
PHA-WIDE	Replace existing central heating and cooling.	1460	10	\$40,000.00	\$40,000.00			
PHA-WIDE	Computer hardware	1475	1	\$3,000.00	\$3,000.00			
PHA-WIDE	Contingencies	1502	1	\$1,000.00	\$1,000.00			
TN43P053003b	Develop new public housing units.	1499	1	\$10,000.00	\$10,000.00			
TN43P053004a	Install bath accessories: towel bars, paper holder, toothbrush holder, tumbler, soap dish.	1460	32	\$4,000.00	\$4,000.00			
TN43P053004a	Replace medicine cabinet.	1460	32	\$4,800.00	\$4,800.00			
TN43P053004a	Remove existing heater and install heat/light/vent in all bathrooms.	1460	32	\$6,400.00	\$6,400.00			
TN43P053004a	Replace GFI protected outlet in bathrooms.	1460	32	\$1,600.00	\$1,600.00			
TN43P053004a	Clean and regrout ceramic tile floor and base in bathroom.	1460	32	\$3,200.00	\$3,200.00			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

<b>PHA Name:</b> <b>McMinnville Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P05350109</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> <b>2009</b>		
<b>Development Number Name/HA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Dev. Acct No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised</b>	<b>Funds Obligated</b>	<b>Funds Expended</b>	
TN43P053004a	Remove existing and install new ceramic tile base in bathroom.	1460	800	\$3,200.00	\$3,200.00			
TN43P053004a	Remove existing and install new ceramic tile floor in bathroom.	1460	1000	\$8,000.00	\$8,000.00			
TN43P053004a	Install new lavatory drain lines to tee in wall.	1460	32	\$1,600.00	\$1,600.00			
TN43P053004a	Install new lavatory faucet.	1460	32	\$3,200.00	\$3,200.00			
TN43P053004a	Install new lavatory supplies and stops.	1460	32	\$1,120.00	\$1,120.00			
TN43P053004a	Replace water closet flange.	1460	32	\$800.00	\$800.00			
TN43P053004a	Remove existing and install new cementitious backer board and ceramic tile at tub.	1460	32	\$14,400.00	\$14,400.00			
TN43P053004a	Replace windows with new double hung insulated windows and insect screens.	1460	352	\$123,200.00	\$123,200.00			
TN43P053004a	Install new shade and curtain rod brackets.	1460	352	\$5,280.00	\$5,280.00			
TN43P053004a	Install new window sills.	1460	352	\$10,560.00	\$10,560.00			
TN43P053004b	Install new public address system.	1460	1	\$20,000.00	\$20,000.00			

[illegible]

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part I: Summary</b>					
PHA Name: <b>McMinnville Housing Authority</b>			Grant Type and Number Capital Fund Program Grant No: <b>TN43S05350109</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2009 ARRA</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations	\$94,000.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$60,000.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$60,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$132,000.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$634,054.00	\$0.00	\$0.00	\$0.00
11	1465 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$3,000.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$24,000.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: McMinnville Housing Authority			Grant Type and Number Capital Fund Program Grant No: TM43905350109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009 ARRA
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18a	1501 Collateralization or Debt Service	\$0.00			
18b	9300 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00			
19	1502 Contingency	\$0.00			
20	Amount of Annual Grant: (sum of lines 2-20)	\$944,054.00			
21	Amount of line 20 Related to LSP Activities	\$0.00			
22	Amount of line 20 Related to Section 504 compliance	\$0.00			
23	Amount of line 20 Related to Security - Soft Costs	\$0.00			
24	Amount of Line 20 Related to Security - Hard Costs	\$0.00			
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Patricia Parker</i>		Date 10/1/09		Signature of Public Housing Director _____	

[illegible]

<sup>2</sup> To be completed for the Performance and Evaluation Report.

[illegible]**HUD-50075.1 (4/2008)**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part I: Summary</b>					
PHA Name: <b>McMinnville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350108</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>6/30/09</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations	\$13,000.00	\$13,000.00	\$9,931.00	\$9,931.00
3	1408 Management Improvements	\$149,950.00	\$149,950.00	\$149,950.00	\$37,867.00
4	1410 Administration	\$65,000.00	\$65,000.00	\$57,230.00	\$55,000.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$54,000.00	\$50,000.00	\$1,930.00	\$1,930.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$50,721.00	\$50,721.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$283,930.00	\$279,930.00	\$106,993.00	\$46,102.00
11	1465 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$3,000.00	\$3,000.00	\$0.00	\$0.00
14	1485 Demolition	\$8,000.00	\$8,000.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities	\$117,714.00	\$75,332.00	\$75,332.00	\$75,332.00

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part I: Summary</b>					
<b>PHA Name:</b> McMinnville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05350108 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2008	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18a	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
18b	8000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$745,345.00	\$694,933.00	\$401,366.00	\$226,161.00
21	Amount of Line 20 Related to LBF Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of Line 20 Related to Section 504 compliance	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of Line 20 Related to Security – Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of Line 20 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00
Signature of Executive Director: <i>Patricia Bosham</i>		Date: <i>10/1/09</i>		Signature of Public Housing Director: _____	
				Date: _____	

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: <b>McMinnville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350108</b> CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Transfer funds to operating budget	1406	1	\$13,000.00	\$13,000.00	\$9,931.00	\$9,931.00	
PHA-Wide	Computer Software	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Contract with City to provide police officer patrol	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Pay the cost for security lighting in all	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Pay fringe benefits for DEP Staff	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Salary for drug program coordinator	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Employee benefits for Res. Coordinator	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Resident coordinator	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Travel/Resident Coordinator	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Telephone Service for Resident Activity Centers	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Hire a Vista Worker	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Advertising	1410	1	\$500.00	\$500.00	\$0.00	\$0.00	
PHA-Wide	Capital Fund Management Fund	1410	1	\$57,230.00	\$57,230.00	\$57,230.00	\$55,000.00	
PHA-Wide	PHA staff salaries (Mod Coordinator)	1410	1	\$7,270.00	\$7,270.00	\$0.00	\$0.00	
PHA-Wide	Agency Plan Update	1430	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	A/E design services	1430	1	\$30,000.00	\$30,000.00	\$0.00	\$0.00	
PHA-Wide	A/E inspection services	1430	1	\$15,000.00	\$15,000.00	\$0.00	\$0.00	
PHA-Wide	CFP Management Assistance	1430	1	\$1,000.00	\$1,000.00	\$0.00	\$0.00	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

<b>PHA Name:</b> McMinnville Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>TN43P05350108</b> CFFP (Yes/No): No Replacement Housing Factor Grant No:				<b>Federal FFY of Grant: 2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Environmental Review	1430	1	\$2,000.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Hazard Testing	1430	1	\$2,000.00	\$0.00	\$0.00	\$0.00	
PHA-Wide	Update a flat rent study	1430	1	\$1,000.00	\$1,000.00	\$0.00	\$0.00	
PHA-Wide	Utility allowance review	1430	1	\$500.00	\$500.00	\$0.00	\$0.00	
PHA-Wide	Install new laboratory faucet	1460	50	\$2,750.00	\$2,750.00	\$0.00	\$0.00	
PHA-Wide	Replace existing showerheads with energy efficient showerheads	1460	1	\$5,000.00	\$5,000.00	\$963.00	\$963.00	
PHA-Wide	Clerk of the Works	1460	1	\$65,430.00	\$65,430.00	\$0.00	\$0.00	
PHA-Wide	Replace selected interior light fixtures with fluorescent fixtures	1460	1	\$5,500.00	\$5,500.00	\$0.00	\$0.00	
PHA-Wide	Force Account Labor (and fringe benefits) for modernization activities	1460	1	\$94,000.00	\$94,000.00	\$94,000.00	\$33,108.00	
PHA-Wide	Install new kitchen sink faucet	1460	50	\$7,500.00	\$7,500.00	\$0.00	\$0.00	
PHA-Wide	Replace water heater	1460	80	\$15,000.00	\$15,000.00	\$0.00	\$0.00	
PHA-Wide	Computer Hardware	1475	1	\$3,000.00	\$3,000.00	\$0.00	\$0.00	
TN43P053003b	Develop new public housing units.	1499	1	\$117,714.00	\$75,332.00	\$75,332.00	\$75,332.00	
TN43P053003c	Add parking and a cul – de – sac on Cope Street	1450	1	\$50,721.00	\$50,721.00	\$0.00	\$0.00	
TN43P053003c	Demolish 2-bedroom unit at the end of Cope Street	1485	1	\$8,000.00	\$8,000.00	\$0.00	\$0.00	
TN43P053004a	Renovate bathrooms in D-1 buildings	1460	16	\$44,000.00	\$0.00	\$0.00	\$0.00	
TN43P053004b	Convert three 0-bedroom units to two 1-bedroom units	1460	3	\$24,750.00	\$24,750.00	\$0.00	\$0.00	
PHA-Wide	All management improvements.	1408	1	\$149,950.00	\$149,950.00	\$149,950.00	\$37,867.00	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <b>McMinnville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350108</b> CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>TN43P053001</b>	Structural and general repairs at 305/307 Rainbow Street	<b>1460</b>	<b>1</b>	<b>\$10,000.00</b>	<b>\$60,000.00</b>	<b>\$12,030.00</b>	<b>\$12,030.00</b>	
<b>TN43P053003c</b>	Demolition applications costs.	<b>1430</b>	<b>1</b>	<b>\$2,500.00</b>	<b>\$2,500.00</b>	<b>\$1,930.00</b>	<b>\$1,930.00</b>	
<b>TN43P053003</b>	Building exterior (windows)	<b>1460</b>	<b>1</b>	<b>\$10,000</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	Moved from yr 5 of the 2007 5 - yr plan.

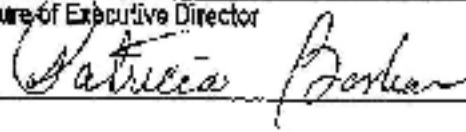
**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: <b>McMinnville Housing Authority</b>					Federal FY of Grant: <b>2008</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
TN43P053001	06/30/10	N/A	12/31/08	6/30/2012	
TN43P053003b	06/30/10	N/A	12/31/08	6/30/2012	
TN43P053003c	06/30/10	N/A		6/30/2012	
TN43P053004a	06/30/10	N/A	12/31/08	6/30/2012	
TN43P053004b	06/30/10	N/A		6/30/2012	
Computer Software	06/30/10	N/A	12/31/08	6/30/2012	
Police Officers	06/30/10	N/A	12/31/08	6/30/2012	
Security Lighting	06/30/10	N/A	12/31/08	6/30/2012	
Fringe Benefits	06/30/10	N/A	12/31/08	6/30/2012	
DEP Coordinator	06/30/10	N/A	12/31/08	6/30/2012	
Utility Review	06/30/10	N/A	12/31/08	6/30/2012	
Res. Coordinator	06/30/10	N/A	12/31/08	6/30/2012	
Res. Coordinator Benefits	06/30/10	N/A	12/31/08	6/30/2012	
Travel	06/30/10	N/A	12/31/08	6/30/2012	
Telephone	06/30/10	N/A	12/31/08	6/30/2012	
Staff Training	06/30/10	N/A	12/31/08	6/30/2012	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part I: Summary**

PHA Name: <b>McMinnville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350107</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2007</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>6/30/09</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$134,633.00	\$117,974.00	\$117,974.00	\$117,974.00
4	1410 Administration	\$20,367.00	\$69,400.00	\$69,400.00	\$69,400.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$69,500.00	\$23,712.00	\$23,712.00	\$23,712.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$200,800.00	\$50,629.00	\$50,629.00	\$50,629.00
11	1465 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$3,000.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$4,000.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities	\$261,799.00	\$432,384.00	\$432,384.00	\$432,384.00

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part I: Summary</b>					
<b>PIA Name:</b> McMinnville Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: TN43P05350107 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18a	1501 Capitalization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Capitalization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2 – 20)	\$694,099.00	\$694,099.00	\$694,099.00	\$694,099.00
21	Amount of line 20 Related to BP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 compliance	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security – Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of Line 20 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00
Signature of Executive Director 		Date 10/1/09	Signature of Public Housing Director  Date  		

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: <b>McMinnville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350107</b> CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>2007</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Transfer funds to operating budget	1406	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Computer software	1408	1	\$2,000.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Contract with City to provide police officer patrol	1408	1	\$60,000.00	\$60,029.00	\$60,029.00	\$60,029.00	x
PHA-WIDE	Pay the cost for security lighting in all development	1408	1	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	x
PHA-WIDE	Pay fringe benefits for DEP Staff	1408	1	\$1,000.00	\$466.00	\$466.00	\$466.00	x
PHA-WIDE	Salary for drug program coordinator	1408	1	\$6,000.00	\$4,869.00	\$4,869.00	\$4,869.00	x
PHA-WIDE	Utility allowance review	1408	1	\$500.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Employee benefits for Res. Coordinator	1408	1	\$18,000.00	\$17,669.00	\$17,669.00	\$17,669.00	x
PHA-WIDE	Resident coordinator	1408	1	\$26,000.00	\$26,536.00	\$26,536.00	\$26,536.00	x
PHA-WIDE	Travel-Resident Coordinator	1408	1	\$1,000.00	\$1,221.00	\$1,221.00	\$1,221.00	x
PHA-WIDE	Telephone service for Resident Activity Ctrs	1408	1	\$1,633.00	\$2,184.00	\$2,184.00	\$2,184.00	x
PHA-WIDE	DEP Coordinator	1408	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Vista Worker	1408	1	\$12,500.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Staff Training	1408	1	\$1,000.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Advertising	1410	1	\$367.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Employee benefits	1410	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	PHA staff salaries (mod coordinator)	1410	1	\$0.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Capital Fund Management Fee	1410	1	\$20,000.00	\$69,400.00	\$69,400.00	\$69,400.00	x

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: <b>McMinnville Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>TN43P05350107</b> CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: <b>2007</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	Agency plan update	1430	1	\$6,500.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	A/E design services	1430	1	\$30,000.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	A/E inspection services	1430	1	\$15,000.00	\$23,712.00	\$23,712.00	\$23,713.00	x
PHA-WIDE	CFP management assistance.	1430	1	\$17,000.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Conduct lead-based paint testing and risk assessments.	1430	1	\$1,000.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Remediate mold and mildew.	1460	1	\$6,000.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Clerk of the Works	1460	1	\$73,000.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Force Account Labor (and fringe benefits) for modernization activities.	1460	1	\$91,800.00	\$47,383.00	\$47,383.00	\$47,383.00	x
PHA-WIDE	Computer hardware	1475	1	\$2,000.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Purchase maintenance tools and equipment.	1475	1	\$1,000.00	\$0.00	\$0.00	\$0.00	
PHA-WIDE	Cost for relocation of residents for comprehensive modernization.	1495.1	10	\$4,000.00	\$0.00	\$0.00	\$0.00	
TN43P053003a	Develop new public housing units.	1499	1	\$261,799.00	\$432,268.00	\$432,268.00	\$432,268.00	
TN43P053004b	Convert units	1460	2	\$20,000.00	\$0.00	\$0.00	\$0.00	
TN43P053004a	Renovate bathrooms in 2-story, 1-bedroom unit	1460	16	\$10,000.00	\$3,246.00	\$3,246.00	\$3,246.00	x
TN43P053003a	Advertising for new development	1499	1	\$0.00	\$116.00	\$116.00	\$116.00	x

**PHA Name:** McMinnville Housing Authority

[illegible]

form HUD-50075.1 (4/2008)

# Capital Fund Program – Five Year Action Plan

U.S. Department of Housing and Urban Development  
OFFICE OF PUBLIC AND INDIAN HOUSING  
Expires 4/30/2011

PART I: SUMMARY						
PHA Name/Number <b>McMinnville Housing Authority / TN053</b>			Locality (City/County & State) <b>McMinnville /Warren Co., Tennessee</b>		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <b>2010</b>	Work Statement for Year 2 FFY <b>2011</b>	Work Statement for Year 3 FFY <b>2012</b>	Work Statement for Year 4 FFY <b>2013</b>	Work Statement for Year 5 FFY <b>2014</b>
B.	Physical Improvements Subtotal	Annual Statement	\$414,000.00	\$414,000.00	\$414,000.00	\$414,000.00
C.	Management Improvements		\$150,000.00	\$150,000.00	\$150,000.00	\$150,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$75,000.00	\$75,000.00	\$75,000.00	\$75,000.00
E.	ADMINISTRATION		\$51,000.00	\$51,000.00	\$51,000.00	\$51,000.00
F.	Other		\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$750,000.00	\$750,000.00	\$750,000.00	\$750,000.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00
M.	Grand Total		\$750,000.00	\$750,000.00	\$750,000.00	\$750,000.00

PART I: SUMMARY (CONTINUATION)						
PHA Name/Number <b>McMinnville Housing Authority / TN053</b>			Locality (City/county & State) <b>McMinnville / Warren Co., Tennessee</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY <b>2010</b>	Work Statement for Year 2 FFY <b>2011</b>	Work Statement for Year 3 FFY <b>2012</b>	Work Statement for Year 4 FFY <b>2013</b>	Work Statement for Year 5 FFY <b>2014</b>
		Annual Statement				
	TN053000001		\$750,000.00	\$750,000.00	\$750,000.00	\$750,000.00

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY <b>2009</b>	Work Statement for Year <b>2011</b> FFY <b>2011</b>			Work Statement for Year: <b>2012</b> FFY <b>2012</b>		
	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL	<b>TN053000001</b>			<b>TN053000001</b>		
Statement	Comprehensive Modernization including: Site improvements, building exterior, kitchen and bath renovations, electrical, mechanical, plumbing, finishes, carpentry, and HVAC		\$414,000.00	Comprehensive Modernization including: Site improvements, building exterior, kitchen and bath renovations, electrical, mechanical, plumbing, finishes, carpentry, and HVAC		\$414,000.00
	Subtotal of Estimated Cost		\$414,000.00	Subtotal of Estimated Cost		\$414,000.00

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY <b>2010</b>	Work Statement for Year <b>2013</b> FFY <b>2013</b>			Work Statement for Year: <b>2014</b> FFY <b>2014</b>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Statement	<b>TN053000001</b>			<b>TN053000001</b>		
	Comprehensive Modernization including: Site improvements, building exterior, kitchen and bath renovations, electrical, mechanical, plumbing, finishes, carpentry, and HVAC		\$414,000.00	Comprehensive Modernization including: Site improvements, building exterior, kitchen and bath renovations, electrical, mechanical, plumbing, finishes, carpentry, and HVAC		\$414,000.00
	Subtotal of Estimated Cost		\$414,000.00	Subtotal of Estimated Cost		\$414,000.00

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY <b>2009</b>	Work Statement for Year <b>2011</b> FFY <b>2011</b>		Work Statement for Year: <b>2012</b> FFY <b>2012</b>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE	<b>TN053000001</b>		<b>TN053000001</b>	
ANNUAL	Operations	\$50,000.00	Operations	\$50,000.00
Statement	Management Improvements	\$150,000.00	Management Improvements	\$150,000.00
	Administration Fee	\$75,000.00	Administration Fee	\$75,000.00
	Fees and Costs	\$51,000.00	Fees and Costs	\$51,000.00
	Non-Dwelling Equipment	\$10,000.00	Non-Dwelling Equipment	\$10,000.00
	Subtotal of Estimated Cost	\$336,000.00	Subtotal of Estimated Cost	\$336,000.00

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY <b>2009</b>	Work Statement for Year <b>2013</b> FFY <b>2013</b>		Work Statement for Year: <b>2014</b> FFY <b>2014</b>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE	<b>TN053000001</b>		<b>TN053000001</b>	
ANNUAL	Operations	\$50,000.00	Operations	\$50,000.00
	Management Improvements	\$150,000.00	Management Improvements	\$150,000.00
	Administration Fee	\$75,000.00	Administration Fee	\$75,000.00
	Fees and Costs	\$51,000.00	Fees and Costs	\$51,000.00
	Non-Dwelling Equipment	\$10,000.00	Non-Dwelling Equipment	\$10,000.00
	Subtotal of Estimated Cost	\$336,000.00	Subtotal of Estimated Cost	\$336,000.00